



Benefits Vendor Unmet Customer Service Needs Form

This form is used to provide information to the Maricopa County Benefits Department regarding your customer service experiences and request for support of unmet needs after an employee's initial requests via the vendor's and/or the county's normal customer service channels have failed.

Today's Date: _____

Employee Information:

Last Name First Name

Department

E-mail Address Work Phone #

Customer Service Request History:

Vendor Customer Service agent(s) contacted:

Name Phone # Date

Name Phone # Date

County Benefits Administrator(s) previously contacted:

Name Phone # Date

Name Phone # Date

Benefit type (Medical, Dental, Life, Disability, etc.) Benefits Vendor (CIGNA, Health Select, Unum, Community Connection, PEBSCO, Arizona State Retirement, etc.)

Employee's Primary Provider:

Name ID #

Facility/Group Practice Name

Employee's Specialist Provider:

Name ID #

Facility/Group Practice Name

Type of Problem (codes below):

Experience Rating

(Please rate experience; 5 = very good, 1 = very bad)

IF Information provided to patient
LO Convenience of office location
PH Inability to reach office by phone
PT Time spent with patient
Q1 Quality of treatment at initial visit
Q2 Quality with outcome of care

ST Treatment by office staff
T1 Time spent waiting at Primary Provider's office
T2 Time spent waiting at Specialist's office
TR Treatment by provider, i.e.: bedside manner
W1 Wait for initial visit appointment
W2 Wait for specialist visit appointment

Description of events (continue on back):
